



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2570

SERIAL NUMBER 09/614,790	FILING DATE 07/12/2000	CLASS 424	GROUP ART UNIT 1617	ATTORNEY DOCKET NO. HME/7982.001
	RULE			

APPLICANTS

Sharon F. Kleyne, Grants Pass, OR;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 09/22/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY OR	SHEETS	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____		DRAWING 1		

ADDRESS

29085
 HOWARD EISENBERG
 1600 ODS TOWER
 601 S.W. SECOND AVENUE
 PORTLAND, OR
 97204-3157

TITLE

Method and kit for moisturizing the surface of the eye

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
RECEIVED 631		



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
 www.uspto.gov



Bib Data Sheet

SERIAL NUMBER 09/614,790	FILING DATE 07/12/2000 RULE -	CLASS 424	GROUP ART UNIT 1615 1617	ATTORNEY DOCKET NO. HME/7982.001
-----------------------------	-------------------------------------	--------------	--------------------------------	--

APPLICANTS

Sharon F. Kleyne, Grants Pass, OR ;

** CONTINUING DATA *****

Mfw None

** FOREIGN APPLICATIONS *****

Mfw NONE

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 09/22/2000

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OR	SHEETS DRAWING 1	TOTAL CLAIMS 23 8	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged	Allowance <i>Michael W. D.</i> Examiner's Signature	Initials			

ADDRESS

Chernoff Vilhauer McClung & Stenzel LLP
 1600 ODS Tower
 601 SW Second Avenue
 Portland, OR 97204-3157

TITLE

Method and kit for moisturizing the surface of the eye

FILING FEE RECEIVED 411	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-------------------------------	---	---